BROKER/INTERMEDIARY

To assure the highest level of professionalism and compliance in working together, we kindley invite to complete the following application form.

APPLICATION FORM

1) AGENCY CONTACT DETAILS

FULL TRADING NAME :	
CONTACT NAME(S) & TITLE(S) :	
REGISTERED TRADING ADDRESS :	
OFFICE TELEPHONE :	

WHATSAPP :		SKYPE :		EMAIL :	

WEBSITE : PLEASE PROVIDE US WITH A LIST OF NAMES AND JOB TITLES OF ALL THE BROKERS WHO WILL BE SELLING THINKCARE AFRICA PRODUCTS:

FIRST NAME :	
SURNAME :	
JOB TITLE :	

IF THERE IS NOT SUFFICIENT SPACE FOR ALL BROKERS, PLEASE USE ANOTHER APPLICATION FORM.

PLEASE PROVIDE US WITH DETAILS OF THE CONTACT PERSON FOR GENERAL ENQUIRIES (E.G. COMMISSION STATEMENTS) :

FIRST NAME :	
SURNAME :	
EMAIL ADDRESS :	

2) EXECUTIVE DIRECTORS/PARTNERS

Please provide the names of the contact persons (Executive Directors/Partners) to make sure that they receive the informations on our products most relevant to them. Please provide the full name, home address (including postal code) and position in the company or firm of any executive directors, partners (if applicable) and client contact staff.

FIRST NAME :	
SURNAME :	
POSITION IN THE COMPANY :	
HOME ADDRESS (INCLUDING POSTAL CODE) :	

If there is insufficient space for all executive directors/partners, please use another Broker/Intermediary Application Form.

3) BUSINESS DETAILS

3.1 HOW MANY YEARS HAS THE BUSINESS BEEN ESTABLISHED?

3.2 PLEASE PROVIDE THE REGISTRATION NUMBER

3.3 IF IT WAS A PARTNERSHIP WHEN WAS IT FORMED (DD/MM/YYYY)

3.4 HAS THE AGENCY EVER TRADED UNDER ANY OTHER TITLE? YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS :

TITLE :

BUSINESS :

3.5 (i) IS YOUR AGENCY A MEMBER OF ANY PROFESSIONAL BODY? YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS :

NAME OF BODY

REGISTRATION NUMBER

DATE OF JOINING (DD/MM/YYYY) :

(ii) IS YOUR AGENCY A MEMBER OF ANY SELF REGULATING ORGANISATION? YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS :

NAME OF ORGANISATION :

REGISTRATION/AUTHORISATION NUMBER :

DATE OF JOINING (DD/MM/YYYY) :

3.6 HAS ANY INSURER OR PROFESSIONAL BODY EVER :

(i) REFUSED YOUR ACCOUNT FACILITIES/MEMBERSHIP? YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS :

NAME OF INSURER/BODY :

DATE OF REFUSAL (DD/MM/YYYY) :

(ii) CANCELLED OR WITHDRAWN YOUR ACCOUNT FACILITIES/MEMBERSHIP? YES ☐ NO ☐ IF YES, PLEASE GIVE DETAILS :

NAME OF INSURER/BODY :

DATE OF WITHDRAWAL/CANCELLATION :

REASON (DD/MM/YYYY) :

3.7 PLEASE INSERT THE NAME AND ADDRESS OF YOUR REGULATOR :

NAME :

ADDRESS :

DATE OF AUTHORISATION (DD/MM/YYYY) :

☐ I CONFIRM THAT I HAVE INCLUDED A COPY OF THE AUTHORISATION WITH THIS APPLICATION.

☐ I ALSO CONFIRM THAT MY AUTHORISATION COVERS THE FOLLOWING INSURANCE CLASSES :

- HEALTH LIFE
- ACCIDENTAL DEATH AND DISMEMBERMENT
- KIDNAP AND RANSOM
- TERMINAL ILLNESS
- DISABILITY

- **OTHER** (PLEASE GIVE DETAILS)

3.8 **DOES YOUR FIRM HAVE A PROFESSIONAL INDEMNITY POLICY IN PLACE?** **YES** ☐ **NO** ☐ **IF YES, PLEASE GIVE DETAILS:**

NAME OF UNDERWRITER :

LIMIT OF INDEMNITY

POLICY PERIOD FROM TO (DD/MM/YYYY) :

3.9 **IF APPLICABLE, PLEASE PROVIDE DETAILS OF ALL AGENCIES HELD WITH OTHER INSURANCE COMPANIES FOR REFERENCE PURPOSES :**

4) LEGAL INFORMATION

HAS YOUR FIRM OR ANY OF THE PERSONS LISTED IN SECTIONS 1 AND 2 OF THIS FORM :

4.1 Become subject to an adverse finding, whether past or pending, by a regulatory, trade, professional, public, industry or consumer body, or by any tax or government authority?	**YES** ☐	**NO** ☐
4.2 Been the subject of any bankruptcy or insolvency proceedings?	**YES** ☐	**NO** ☐
4.3 Had refused, suspended, withdrawn, or made subject to non-standard conditions or restrictions any licence, permission or authorisation to do any type of business?	**YES** ☐	**NO** ☐
4.4 Been a defendant in any civil proceedings, or party to any arbitration in relation to any financial business or the subject of any criminal proceedings?	**YES** ☐	**NO** ☐
4.5 Ceased trading in circumstances in which one or more of your/their creditors did not receive full payment?	**YES** ☐	**NO** ☐
4.6 Been disqualified from acting as a director of a company, or from acting on the management or conduct of affairs of any company, partnership or unincorporated association?	**YES** ☐	**NO** ☐
4.7 Been convicted of a criminal offence? (aside from car parking and careless driving offences)	**YES** ☐	**NO** ☐
4.8 Been charged with any offence involving violence, fraud, or other criminal behaviour?	**YES** ☐	**NO** ☐
4.9 Been involved in any dishonest undertaking or behaviour with regards to your professional activity?	**YES** ☐	**NO** ☐
4.10 Had an application to represent an insurance office refused, or a previous agency cancelled?	**YES** ☐	**NO** ☐
4.11 Been subject to censure under any disciplinary proceedings of any regulatory authority?	**YES** ☐	**NO** ☐

IF THE ANSWER TO ANY OF THESE QUESTIONS IS YES, PLEASE GIVE FULL DETAILS BELOW (PLEASE USE A SEPARATE SHEET IF NECESSARY).

Question no.	**Details**

If there is insufficient space for additional details, please use another Broker/Intermediary Application Form.

5) ANTI-CORRUPTION

HAVE YOU/YOUR FIRM OR ANY OF THE PERSONS LISTED IN SECTIONS 1 AND 2 OF THIS FORM:

5.1 Been convicted of violations of Anti-Bribery Laws in the past five years? **YES** ☐ **NO** ☐

5.2 Had any business relationship with another company terminated in the last five years? **YES** ☐ **NO** ☐

If yes, please give reasons why the relationship was terminated:

5.3 Are you/your firm or any of the persons listed in sections 1 and 2 of this form located outside of the country in which services are to be provided? **YES** ☐ **NO** ☐

6) PAYMENT DETAILS

Commissions are normally paid by bank transfer to your bank account and we then issue a separate statement to you. If your bank is within the EU, or if your specific country requires an IBAN (e.g. Qatar, Saudi Arabia, Angola, Tunisia, Turkey), please supply both your IBAN and BIC/Swift code to facilitate the payment of your commission. Please give the following details, including one preferred default currency, to ensure the smooth transfer of your funds:

CURRENCY EURO/DOLLAR :

ACCOUNT NAME :

ACCOUNT NUMBER :

IBAN (WHERE REQUIRED) **:**

SORT/BRANCH CODE SWIFT/BIC CODE :

BANK NAME :

BANK ADDRESS :

ADDITIONAL DETAILS

If you are aware of any additional information required in order to process international transactions within your country, (e.g. Agency Code, Tax ID) please list below:

Swift code of intermediary bank (where applicable):

7) DECLARATION

I/We declare the information given is correct and that all information relevant to this application has been disclosed. I/We hereby apply as an agency for the introduction of private insurance to Think Insurtech on their standard agency terms (which may change from time to time).

I/We authorise Think Insurtech - to make such other enquiries as deemed necessary in consideration of this application. I/We understand that the agency, if granted, may be terminated by either party without reason subject to the standard agency terms. When operating as an independent intermediary, I/we undertake to maintain in force professional indemnity insurance cover.

I/We understand that information supplied to Think Insurtech will become part of the data held by Think Insurtech in accordance with General Data Protection Regulation (GDPR) and the Insurance Directive Distribution (IDD).

I/We confirm that all relevant employees of the agency named in this form meet the applicable minimum qualification and competency requirements imposed by the competent regulator.

All information provided in this application will be treated in the strictest confidence and will not be divulged to any other parties outside the Think Insurtech.

SIGNATURE OF PRINCIPAL DIRECTOR/PARTNER

DATE (DD/MM/YYYY)

PLEASE RETURN YOUR FULLY COMPLETED FORM BY :

SCAN AND E-MAIL TO :
Team@thinkinsurtech.com - Sales@thinkinsurtech.com

Fax :
+33 (0) 1 76 21 10 66/67/68/69

Alternatively you can post it to :
Sales Support
Think Insurtech
3 Rue Joseph Riviere - 92400 Courbevoie - France

« ThinkCare », « ThinkInsurCare », "Think Insurtech" are trademarks. ThinkCare Africa medical insurance is designed and managed by Think Insurtech – SAS with a capital of €550 000 – RCS Nanterre 910 907 005 – 3 rue Joseph Riviere – 92400 Courbevoie – France – Website: www.thinkinsurtech.com; www.thinkinsurcare.com. Think Insurtech is a French brokerage company registered under Orias number 22002636 with a Professional liability and financial guarantees in accordance with article L-530-1 and L-5310-2 of the French Insurance Code. Medical benefits are covered by Axa Mansard Health Limited registered in Nigeria – RC 487419 – 84b, Ozumba Mbadiwe Street, Victoria Island, Lagos, Nigeria, as well as medical assistance, are insured altogether by Axa Global Healthcare Limited in United Kingdom (n°30339521), with its registered office at 20 Gracechurch Street, London EC3V OBG United Kingdom and a part of Axa Global.